Early Childhood Relationship Support Project (ECRSP)

Data Report

Summary of Activities July 1, 2005 to September 30, 2005

Prepared by the ECRSP Policy Steering Committee for the Learning Conversation with First 5 Placer County November 16, 2005

Project Summary

The Early Childhood Relationship Support Project (ECRSP) is a collaborative program of nine public and private organizations that serve the mental health needs of families with children ages 0-5 in Placer County. The agencies in the collaborative are: Advocacy, Resources, & Choices (Placer ARC, fiscal agent) Infant Development Program, Alta California Regional Center, Child Abuse Prevention Council, Children's System of Care, Health and Human Services, Placer County Office of Education Child Development Services, PEACE for Families, Placer Community Action Council, and Placer County Special Education Local Plan Area.

Strategies:

- 1. Provide administrative support to develop the infrastructure for sustainable system change and implement system change. Also, utilize the ECRSP clinical/administrative consultants to facilitate the Steering Committee and the Systems Action Workgroup, as well as, provide on-going training to the ECRSP staff.
- 2. Maintain the Infant Toddler Systems Action Workgroup (ITSAW) organized around core guiding principles of relationship based Infant Family Mental Health. The group will involve both clinicians and administrators or designees in a systems development process that utilizes cross agency interaction to improve services, examine system wide concerns, and effect policy change accordingly.
- **3.** Maintain the linkage between the action workgroup and the Policy Steering Committee for discussions of system strengths and needs for policy recommendations.
- **4.** Provide forums for discussion of family situations with service providers involved in their life and to discuss core principles of relationship based Infant/Family Mental Health.
- **5.** Provide promotion, prevention and treatment services. A policy for service delivery and MOU's will exist for those agencies where there is blended funding and for other collaborative partners.
- **6.** Work in conjunction with the County Children's System of Care to implement a billing process to tap into funds that are available for ECRSP services.
- 7. Present the project outcome data and promote the ECRSP approach to policy makers and steering committee members.

Who We Served

<u>Outcome</u>: Children are in supportive relationships with primary caregivers and are able to demonstrate developmentally appropriate social-emotional behavior.

<u>Performance Measure:</u> Demographics (number of 0-5 served by gender, age, ethnicity and when services were provided).

<u>Table 1:</u> Children Served in Promotion, Preventive & Therapeutic Intervention Consultations

	D .: 4	D .: T.		D (1
	Preventive &	Preventive Intervention without		Promotion
	Therapeutic	Children Present		with/without
	Intervention with		tions with)	Children Present
	Children Present	Direct Service	Management &	(Promotional
	(from ECRSP staff)	Provider	Supervisors	Events)
Totals	12	240		
Demographics	12	177		
Gender				
Males	9	89		
Females	3	88		
Ethnicity				
African	1	6		
American				
Asian	0	10		
Caucasian	8	145		
Hispanic	2	16		
Native	0	0		
American				
Other/Mixed	1	0		
Ages				
Less than 1	0	7		
year				
1 year	0	12		
2 years	4	32		
3 years	1	49		
4 years	4	39		
5 years	3	38		

- 12 Children, aged 0-5 years, and their families were served directly by the ECRSP staff in the first quarter of fiscal year 2005-2006.
- 240+ Children, aged 0-5 years, and their families and service providers were served through Preventive Intervention and Promotion.
- Preventive and Therapeutic Intervention services to children and families (direct child contact from ECRSP staff) had the following characteristics:
 - o Children and families were served in one or more environments where they typically spend their day (e.g. childcare, home).
 - o Services were typically delivered in weekly sessions, lasting 1 hour.
 - o The average length of service for children and families was 6 months.
 - o Most children and families were served for at least 5 months.
 - o One child served in the past returned to receive further services.
 - o Children are receiving services with a variety of significant adults in their lives (see table 2 below).

Table 2: Significant Adults Involved in Consultation Services with Children

Adults Involved	Number of Children
Primary Caregiver(s)	
Mother	4
Older Sister	2
Grandmother	2
Both Mother and Father	1
Father	1
Father and Grandmother	1
Fost-Adoptive Mother	1
Head(s) of Households	
Two Married parents	4
One Grandparent	2
One Adult Sibling	2
One Divorced Parent	2
One Parent and One Grandparent	1
Two Foster Parents	1
Other Service Providers from:	
Placer Infant Development Program	3
Child Care	7
PCOE Child Development Services	2
Children's System of Care	2
Special Education Local Plan Area	1

- Preventive Intervention Services without children present (consultations with service providers, managers, and supervisors) had the following characteristics:
 - o Consultations with collaborative agency staff regarding: specific cases, service delivery, supervision and management.
 - Agencies represented in these tallies include: PCOE Child Development,
 PCAC, CSOC, schools, and childcare/preschools.
- Promotion Services through events:
 - We reached families and children through the Outcome Faire (numbers and further details to be reported in the next Learning Conversation.
 - o We discussed our services, philosophy and child-led play approach with families.
 - o One family (that we met at the Faire) and their service providers began receiving our consultation services in late October.
 - We will develop a tally sheet for children's age and gender at promotional events.

Key Points:

- ➤ We are reaching a balanced number of male and female children through our Preventive Intervention services.
- ➤ We are reaching younger children and their parents (less than 3 years old) through our Preventive Intervention services.
- ➤ Our Consultation and Therapeutic Intervention services reach a wide variety of families and service providers.
- ➤ The project will begin compiling data on requests for consultation that do not lead to a consultation (i.e. demographics and reasons for requests and for no consultation).

Outcomes for Preventive & Therapeutic Intervention

<u>Outcome</u>: Children are in supportive relationships with primary caregivers and are able to demonstrate emotionally appropriate behavior.

Performance Measure: PIRGAS & ITSEA

<u>PIRGAS</u>: Parent-Infant Relationship Global Assessment Scale: A clinical rating system for observing and assessing parent-infant relationships and diagnosing relationship disorders from the Diagnostic Classification System of 0-3.

<u>ITSEA</u>: Infant-Toddler Social Emotional Assessment: An assessment system designed to help parents and other caregivers rate a child's social-emotional behaviors.

Table 3: Categories & Scoring Ranges of the PIRGAS

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PIRGAS		
Scores & Categories	Scores &	
-	Valid Categories	
10 Grossly Impaired	< 40	
20 Severely Disordered	Disordered	
30 Disordered		
40 Disturbed		
50 Distressed	40-79	
60 Significantly Perturbed	Tendency	
70 Perturbed		
80 Adapted	>79	
90 Well Adapted	Adapted	

<u>Table 4:</u> PIRGAS Categories for Dyads in Direct Service for at Least 2 Months

DYAD	PIRGAS 1	PIRGAS 2
1	<u>Disordered</u>	Tendency
2	Tendency	Adapted
3	Tendency	Adapted
4	Tendency	Adapted
5	Tendency	
6	Tendency	
7	<u>Disordered</u>	<u>Disordered</u>
8	Tendency	Adapted
9	Tendency	
10	Adapted	
11	Tendency	Tendency

PIRGAS

- <u>Initial Ratings</u> (PIRGAS 1 at beginning of service)
 - o 18% (2) of the Dyads were rated as having a "Disordered" relationship.
 - o 73% of the Dyads were rated as having a "Tendency" towards a disordered relationship.
- Findings after Service (PIRGAS 2)
 - Of the 7 Dyads with repeat assessments, 4 were rated as having an "Adapted" relationship.
 - o 2 were rated as having a "Tendency" towards a disordered relationship.

ITSEA

There will be repeat measures of ITSEA on all of the clients by the end of the fiscal year.

Key Points:

- ➤ The Project's relationship-based consultation approach continues to positively impact on parent-child relationships.
- ➤ The ITSEA will give the Project information on parents' ratings of their children's social-emotional development.

Capital Sustainability

<u>Outcome</u>: Children who are not eligible for categorical services will have access to early childhood mental health services.

<u>Performance Measure:</u> Number of children seen whose services are paid by Medi-Cal, fee for services, private insurance as well as First 5 funds by payer source and agency.

- Medi-Cal and private insurance billing procedures have been established.
- Of the 12 children served so far in this fiscal year through Preventive & Therapeutic Intervention consultations with direct child involvement:
 - o 9 were funded by First 5
 - 4 of the 9 have been identified with the potential for Medi-Cal funding.
 - 1 of the 9 has been approved for Victim Witness funding through Santa Clara County, the ECRSP is applying for those funds.
 - 4 of the 9 have been identified as requiring First 5 funds for service.
 - 3 were funded by MOU arrangement with SELPA.
- Through MOU arrangements children and families will be served:
 - o With a package of services from MediCal (Children's System Of Care).
 - o Through insurance billing
- Children and families will also be served through private pay arrangements.

Key Points:

➤ The Project is in the process of hiring for a new clinical position that will enhance our MediCal and insurance billing capacity.

Social Sustainability

<u>Outcome:</u> A core of trained professionals from a variety of public and private organizations will exist who are able to implement relationship based mental health interventions for children prenatal to five.

<u>Performance Measure:</u> Instrument measuring skills and competencies of the Training Institute participants.

- The ECRSP put on a training in Reflective Practices with Dr. Victor Bernstein in October.
- The Survey for the ECRSP's professional training activities has been created (See Appendix A).

Social & Capital Sustainability

<u>Outcome</u>: A policy for service delivery and Memorandums of Understanding will exist for those agencies where there is blended funding and for other collaborative partners.

<u>Performance Measure:</u> Service delivery policy and MOU's with collaborative partners.

- The ECRSP's service delivery policy is in effect (see Appendix C):
- A Partnership Agreement exists between ECRSP partner agencies.
- MOU's with each of the partner agencies are in the process of development. Five are complete.
- Through MOU arrangements children, families, and service providers will be served:
 - o With a package of services from MediCal (Children's System Of Care).
 - o By Vendorization with Alta Regional Center.
 - o By funding through the Special Education Local Plan Area.
 - By a shared clinical position arrangement with Placer Community Action Council and PEACE for Families.
 - By joint funding of trainings as a part of the Early Childhood Training Institute.
 - By Reflective Practices provided to Placer Community Action Council supervisors and managers.
 - o By Consultations provided to all collaborative agencies.

Capital Sustainability

<u>Outcome</u>: The percentage of money used for direct services now funded independent of First 5 (10%) will be maintained in 2005-2006.

<u>Performance Measure:</u> Non First 5 funds received and used in direct services by number of children/agency.

- The budget for direct service for this fiscal year is \$99,676.
- Funds will be provided by:
 - o First 5
 - MediCal package of services (variable amount depending on children served).
 - o \$34,000 of funding through the Special Education Local Plan Area.
 - Two thirds of a clinical position from PEACE for Families and Child Abuse Prevention Council.
 - Vendorization through the Alta Regional Center (in progress).
 - Insurance billing
 - o Private pay
 - Fees provided by Placer Community Action Council for Reflective Practices.
 - Fees provided for consultation by Placer Community Action Council,
 Special Education Local Plan Area, Child Abuse Prevention Council, and
 Placer County Office of Education Child Development Services.
- 3 families so far were served through the MOU arrangement with the Special Education Local Plan Area.
- 1 family being served has been approved for Victim Witness funding through Santa Clara County and those fees are being applied for.
- 4 families have been identified with potential for MediCal funding.

DRAFT

Early Childhood Relationship Support Project

SELF EVALUATION

PRINCIPLES, CORNERSTONES AND PRACTICES

Directions: The ratings describe the Early Childhood Mental Health Principles, Cornerstones and Practices. First, review the statements defining (the principles...) knowledge, attitudes, skills, and behaviors. Then determine to what extent these statements are true of you at the present time. For example, if all of these statements are sometimes true or true approximately 50% of the time, then rate this component a 3. If all of these statements are true most of the time or more than 70% of the time, then rate this component a 4. Complete this scale electronically applying highlighting in a dark color over the selected number. Explain your rating with brief comments and specific examples of your current strengths and areas identified for learning.

0-5%	6-35%	36-55%	56-80%	81-100%
Never	Seldom	Sometimes	Most of the time	Always
1	2	3	4	5

1. ASSET BASED/STRENGTH BASED

I understand that focusing on a family's and child's assets and strengths in an intervention helps the family and child to do so as well. I identify both a caregiver's and child's assets and strengths when working with families.

Rating 1 2 3 4 5 Explanation

2. CONTINUUM OF SERVICES

I understand that relationship-based services exist along a continuum ranging from promotion to preventive intervention to therapeutic intervention. I can articulate the application of the relationship-based principles to my scope of work.

Rating 1 2 3 4 5 Explanation

3. NATURE AND QUALITY OF EARLY RELATIONSHIPS SHAPE LATER DEVELOPMENT I understand that and can describe how the qualities of early relationships between infants, young children and their families and caregivers have long lasting influences on the development and well being of children. I communicate that the optimal development of young children occurs within the context of relationships, especially the

parent-child relationship. I am skilled in focusing my services for infants and young children on the child's relationships with their family and caregivers.

Rating 1 2 3 4 5
Explanation

4. EMPOWERING APPROACHES

I understand and apply the principle that respectful collaboration with parents and caregivers and young children give all involved a sense of empowerment and investment. I form collaborative relationships with families, so that we are listening and learning from each other.

Rating 1 2 3 4 5
Explanation

5. FAMILY CENTERED

I understand and apply approaches to service delivery and training that concentrate on family strengths, preferences, and knowledge. I can describe how such practices are at the core of relationship-based approaches to preventive and therapeutic intervention.

Rating 1 2 3 4 5 Explanation

6. FAMILY'S CULTURE AND BELIEFS ARE KEY

I understand that assessment and intervention with infants, children, and families are most effective when parents, caregivers, and others are actively involved in building and understanding of the child and shaping changes that support her or his well-being. I am skilled in being sensitive to the unique qualities, values, and culture of each family and the family's community.

Rating 1 2 3 4 5
Explanation

7. MULTIDISCIPLINARY APPROACH

I understand and apply the notion that families have complex needs and that preventive and therapeutic intervention services need to collaborate to address specialized issues in an efficient way. My services are based on a multidisciplinary perspective and practice that incorporates knowledge about child development and the importance of relationships.

Rating 1 2 3 4 5

Explanation

8. PARALLEL PROCESS

I demonstrate understanding and support in my relationships with caregivers and/or service providers. I understand that demonstrating such understanding and support impacts the way that parents and caregivers understand and support the children in their care.

Rating 1 2 3 4 5 Explanation

9. POSITIVE CHANGE CREATES RIPPLES

I understand and can articulate how a change in any part of the parent-child caregiver relationship system will affect the whole system. I work to and/or empower others to create positive change in family's lives.

Rating 1 2 3 4 5 Explanation

10. PREVENTION AND REDUCTION OF RISK

I understand and can articulate how infancy and childhood present unique opportunities to prevent or reduce the intensity of developmental and social emotional impairment in childhood, adolescence, and adulthood.

Rating 1 2 3 4 5
Explanation

11. REFLECTIVE PRACTICE

I understand that helping parents and others to reflect on their own experience and that of their child is essential to creating positive change. I utilize the ability to reflect on action and in action and consider my impact on parents, children, caregivers, and others.

Rating 1 2 3 4 5 Explanation

12.	Evaluate your ability in the 11 Principles, Cornerst	ones and Guiding Practices according to the
	following scale putting the selected number in from	nt of the Principles, Cornerstones and
	Guiding Practices.	
	Understand and competent	4
	 Understand but not competent 	3
	 Do not understand and am not competent 	2
	 No relevance to my work or no interest 	1
	_ Asset Based/Strength Based	
	_ Continuum of Services	
	_ Nature and Quality of Early Relationships Shape L	ater Development
	_ Empowering Approaches	
	_ Family Centered	
	_ Family's Culture and Beliefs are Key	
-	_ Multidisciplinary Approach	
	_ Parallel Process	
	_ Positive Change Creates Ripples	
	_ Prevention and Reduction of Risk	
	Parallel Process	

EARLY CHILDHOOD RELATIONSHIP SUPPORT PROJECT INFRASTRUCTURE AND SERVICES OUTLINE

- County-Wide Systems Change
 - o Early Childhood Training Institute
 - Policy Steering Committee
 - o ITSAW
 - o Consultations with Organizations
- <u>Promotion Services</u>
 - o Early Childhood Training Institute
 - o Promotional Items: bookmarks, pens
- Consultations with Service Providers
 - o Regarding Work with Clients (in general)
 - One- to Two-time (phone or in-person)
 - Short-term (contracted)
 - o Regarding a Specific Family & Child
 - One-time (phone or in-person)
 - Short-term (contracted, 2-3 sessions)
 - Social-Emotional Assessment (contracted)
 - 2-3 months
 - Written Report
 - o Developmental (ASQ)
 - Social-Emotional: ITSEA, PIRGAS, behavioral & clinical observation, temperament.
 - Suggested Interventions
 - Intermittent Ongoing Consultation as needed
- Therapeutic Intervention
 - o Relationship-Based
 - Child-Led Play
 - Floortime
 - Watch, Wait & Wonder
 - Video Analysis & Feedback
 - o Fee for Service, Insurance Billing
 - o 3 months and re-assess
 - Intermittent Ongoing Consultations as needed

CONSULTATION REFERRAL PROCESS Outline

1. Initial Contact Regarding Client

- a. Obtain Request for Consultation, Times for Consultation, and Authorization to Share Information
- b. Discuss Referral & Consultation Process with Provider to Understand
- c. Fill in Intake Screening and establish Fee for Service

2. Scheduling Consultation

- a. Fit into Times for Consultation (finalize with Provider)
- b. Site should be either Home or site within Provider's Scope of Work

3. Consultation

- a. Explain desired process of Consultation (as outlined below)
- b. Discuss the reason for the referral (behaviors)
- c. Listen to Parent(s)' concerns & understanding of meanings
- d. Listen to Provider's concerns & understanding of meanings
- e. Discuss Social-Emotional Assessment Process & determine if Parent(s) Agree to the process
- f. If Parent Does Not Agree:
 - i. Discuss Possible Referrals & Interventions (if desired)
 - ii. Discuss Possible Future Consultations (if desired)
 - iii. Close with Parent(s)
- g. If Parent Does Agree:
 - i. Review & Sign Assessment Consent form
 - ii. Schedule Future Visits with Provider & Family